

<i>SERFF Tracking Number:</i>	<i>SKML-125625104</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Metropolitan Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>38801</i>
<i>Company Tracking Number:</i>	<i>EC1/EC2 2001 CSO</i>		
<i>TOI:</i>	<i>L09I Individual Life - Flexible Premium</i>	<i>Sub-TOI:</i>	<i>L09I.001 Single Life</i>
	<i>Adjustable Life</i>		
<i>Product Name:</i>	<i>EC1/EC2</i>		
<i>Project Name/Number:</i>	<i>2001 CSO Revision/EC1/EC2 2001 CSO</i>		

Filing at a Glance

Company: Metropolitan Life Insurance Company

Product Name: EC1/EC2

SERFF Tr Num: SKML-125625104 State: ArkansasLH

TOI: L09I Individual Life - Flexible Premium

SERFF Status: Closed

State Tr Num: 38801

Adjustable Life

Sub-TOI: L09I.001 Single Life

Co Tr Num: EC1/EC2 2001 CSO

State Status: Approved-Closed

Filing Type: Form

Co Status:

Reviewer(s): Linda Bird

Author: Alvah Shelton

Disposition Date: 04/29/2008

Date Submitted: 04/27/2008

Disposition Status: Approved

Implementation Date Requested: 01/01/2009

Implementation Date:

State Filing Description:

General Information

Project Name: 2001 CSO Revision

Status of Filing in Domicile: Pending

Project Number: EC1/EC2 2001 CSO

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments: All States Filed Concurrently

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 04/29/2008

State Status Changed: 04/29/2008

Deemer Date:

Corresponding Filing Tracking Number: EC1/EC2 2001 CSO

Filing Description:

Form No. 97-93, Flexible Premium Adjustable Life Insurance Policy

Form #97-9304 (2001CSO) Guaranteed Maximum COI Rates

Form #97-9304.1 CVA (2001CSO) Table of Minimum Death Benefit Factors

Form #97-9311 (2001CSO) Revised Policy Page

<i>SERFF Tracking Number:</i>	<i>SKML-125625104</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Project Name/Number:</i>	<i>2001 CSO Revision/EC1/EC2 2001 CSO</i>		

Form #R.S. 1192 September 1993 (2001CSO) Policy Endorsement

Enclosed for your review and approval, please find the above captioned forms for use with Metropolitan Life Insurance Company's Flexible Premium Adjustable Life Insurance Policy. To comply with the change in Mortality Basis, we are submitting the above captioned forms. We request the effective date of this change be 01/01/2009. Your department, on 12/17/1993, approved Flexible Premium Adjustable Life Insurance Policy (form number 97-93). Policy Endorsement Form (form number R.S. 1192) was approved on 10/22/1996.

We hereby certify there have been no other changes than those mandated by the new 2001 Commissioner's Standard Ordinary Mortality Table.

Company and Contact

Filing Contact Information

(This filing was made by a third party - sandrakmeltzerandassociates)

Alvah Shelton, Policy Analyst	alvah@skminc.com
1750 Century Circle	(404) 633-5353 [Phone]
Atlanta, GA 30345	(404) 633-6301[FAX]

Filing Company Information

Metropolitan Life Insurance Company	CoCode: 65978	State of Domicile: New York
485-B Route 1 South	Group Code: 241	Company Type:
Suite 420		
Iselin, NJ 08830	Group Name:	State ID Number:
(732) 602-6424 ext. [Phone]	FEIN Number: 13-5581829	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$80.00
Retaliatory?	No
Fee Explanation:	The fee in the state of Arkansas is greater than the domicile fee (NY=\$0). There are 4 incidental forms included in this submission. At \$20 per form, the fee would be \$80. The fee of

<i>SERFF Tracking Number:</i>	<i>SKML-125625104</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Project Name/Number:</i>	<i>2001 CSO Revision/EC1/EC2 2001 CSO</i>		
	\$80 is submitted concurrently with this submission.		
Per Company:	No		

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<i>Project Name/Number:</i>	<i>2001 CSO Revision/EC1/EC2 2001 CSO</i>		

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Metropolitan Life Insurance Company	\$80.00	04/27/2008	19931397

<i>SERFF Tracking Number:</i>	<i>SKML-125625104</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Project Name/Number:</i>	<i>2001 CSO Revision/EC1/EC2 2001 CSO</i>		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	04/29/2008	04/29/2008

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	<i>Adjustable Life</i>		
<i>Product Name:</i>	<i>EC1/EC2</i>		
<i>Project Name/Number:</i>	<i>2001 CSO Revision/EC1/EC2 2001 CSO</i>		

Disposition

Disposition Date: 04/29/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>SKML-125625104</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Metropolitan Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>38801</i>
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		No
Supporting Document	Health - Actuarial Justification		No
Supporting Document	Outline of Coverage		No
Supporting Document	Authorization Letter		Yes
Form	Policy Schedule Page		Yes
Form	Policy Schedule Page		Yes
Form	Revised Policy Page 11		Yes
Form	Policy Endorsement		Yes

SERFF Tracking Number: SKML-125625104 State: Arkansas

Filing Company: Metropolitan Life Insurance Company State Tracking Number: 38801

Company Tracking Number: EC1/EC2 2001 CSO

TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life
Adjustable Life

Product Name: EC1/EC2

Project Name/Number: 2001 CSO Revision/EC1/EC2 2001 CSO

Form Schedule

Lead Form Number: 97-9304 (2001CSO)

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	97-9304 (2001CSO)	Schedule Pages	Policy Schedule Page	Initial		0	97-9304 (2001 CSO).pdf
	97-9304.1 CVA (2001CSO)	Schedule Pages	Policy Schedule Page	Initial		0	97-9304.1 CVA (2001CSO) 9.pdf
	97-9311 (2001CSO)	Certificate Amendmen	Revised Policy Page 11	Initial		0	97-9311 (2001CSO) p.11.pdf
	R.S. 1192 September 1993 (2001CSO)	Certificate Amendmen	Policy Endorsement	Initial		0	RS1192 (2001CSO).pdf

Table of Guaranteed Maximum Rates for Each \$1,000 of Term Insurance
(See "Cost of Term Insurance" Provision on Page 7).

Age	Monthly Rate*			Age	Monthly Rate*	
	Male	Female			Male	Female
20	.083	.039		60	.870	.697
21	.084	.040		61	.971	.755
22	.085	.041		62	1.088	.816
23	.086	.042		63	1.213	.883
24	.088	.044		64	1.346	.955
25	.090	.045		65	1.482	1.033
26	.095	.048		66	1.620	1.119
27	.097	.050		67	1.763	1.214
28	.096	.053		68	1.915	1.318
29	.095	.055		69	2.081	1.434
30	.095	.058		70	2.273	1.565
31	.094	.062		71	2.510	1.714
32	.095	.065		72	2.787	1.876
33	.096	.070		73	3.078	2.055
34	.099	.076		74	3.392	2.250
35	.103	.083		75	3.738	2.466
36	.109	.089		76	4.129	2.702
37	.115	.095		77	4.586	2.961
38	.124	.100		78	5.118	3.247
39	.132	.105		79	5.716	3.562
40	.143	.111		80	6.388	3.954
41	.155	.119		81	7.122	4.436
42	.170	.127		82	7.902	4.949
43	.189	.137		83	8.761	5.491
44	.210	.149		84	9.728	6.095
45	.231	.163		85	10.817	6.707
46	.252	.180		86	12.028	7.436
47	.271	.198		87	13.354	8.346
48	.285	.220		88	14.782	9.317
49	.303	.244		89	16.304	10.285
50	.326	.270		90	17.840	10.992
51	.355	.300		91	19.376	11.683
52	.392	.333		92	21.010	12.846
53	.435	.368		93	22.766	14.444
54	.487	.405		94	24.654	16.491
55	.544	.447		95	26.568	18.780
56	.607	.493		96	28.474	21.089
57	.664	.542		97	30.549	22.617
58	.722	.592		98	32.816	23.449
59	.788	.643		99	35.301	25.218

* If there is a supplemental rating of the life insurance benefit, as shown on page 3, the monthly deduction for such supplemental rating must be added to the monthly rate determined from this table.

Table of Minimum Death Benefit Factors*
(See "Minimum Death Benefit" provision on page 6.)

Age	Male	Female	Unisex		Age	Male	Female	Unisex
20	7.7429	9.0285	7.9688		60	2.0779	2.3366	2.1256
21	7.4946	8.7138	7.7089		61	2.0200	2.2713	2.0664
22	7.2527	8.4097	7.4566		62	1.9648	2.2086	2.0099
23	7.0175	8.1156	7.2119		63	1.9124	2.1482	1.9562
24	6.7889	7.8315	6.9735		64	1.8627	2.0902	1.9051
25	6.5673	7.5569	6.7426		65	1.8154	2.0343	1.8564
26	6.3520	7.2918	6.5193		66	1.7703	1.9806	1.8099
27	6.1444	7.0363	6.3036		67	1.7270	1.9289	1.7653
28	5.9432	6.7903	6.0946		68	1.6855	1.8792	1.7224
29	5.7465	6.5527	5.8914		69	1.6455	1.8314	1.6812
30	5.5553	6.3235	5.6931		70	1.6070	1.7856	1.6416
31	5.3688	6.1028	5.5006		71	1.5701	1.7416	1.6036
32	5.1873	5.8900	5.3135		72	1.5349	1.6995	1.5673
33	5.0110	5.6847	5.1324		73	1.5015	1.6592	1.5329
34	4.8403	5.4876	4.9569		74	1.4697	1.6206	1.5001
35	4.6749	5.2977	4.7872		75	1.4394	1.5837	1.4689
36	4.5151	5.1154	4.6234		76	1.4105	1.5484	1.4390
37	4.3611	4.9397	4.4655		77	1.3829	1.5146	1.4106
38	4.2125	4.7708	4.3133		78	1.3569	1.4822	1.3837
39	4.0695	4.6077	4.1665		79	1.3324	1.4512	1.3583
40	3.9316	4.4500	4.0253		80	1.3094	1.4214	1.3344
41	3.7991	4.2983	3.8892		81	1.2879	1.3932	1.3120
42	3.6716	4.1520	3.7586		82	1.2678	1.3668	1.2911
43	3.5494	4.0112	3.6329		83	1.2489	1.3419	1.2715
44	3.4322	3.8757	3.5126		84	1.2312	1.3185	1.2531
45	3.3199	3.7453	3.3972		85	1.2146	1.2963	1.2359
46	3.2123	3.6203	3.2866		86	1.1993	1.2751	1.2198
47	3.1090	3.5003	3.1804		87	1.1851	1.2551	1.2049
48	3.0095	3.3852	3.0781		88	1.1720	1.2366	1.1911
49	2.9132	3.2751	2.9793		89	1.1601	1.2193	1.1784
50	2.8202	3.1697	2.8840		90	1.1490	1.2030	1.1667
51	2.7306	3.0687	2.7924		91	1.1387	1.1863	1.1552
52	2.6445	2.9722	2.7044		92	1.1287	1.1690	1.1436
53	2.5621	2.8799	2.6201		93	1.1188	1.1517	1.1318
54	2.4831	2.7917	2.5395		94	1.1089	1.1348	1.1198
55	2.4078	2.7072	2.4626		95	1.0986	1.1182	1.1074
56	2.3360	2.6265	2.3892		96	1.0872	1.1015	1.0940
57	2.2675	2.5492	2.3192		97	1.0736	1.0836	1.0786
58	2.2018	2.4754	2.2521		98	1.0564	1.0622	1.0594
59	2.1386	2.4046	2.1875		99	1.0331	1.0349	1.0341

Notwithstanding any other provision, the death benefit shall never be less than (a) divided by (b) where:

(a) = the Accumulation Fund immediately before the death of the insured, and

(b) = the net single premium immediately before the death of the insured

(computed on the basis of the 2001 CSO Mortality Table and on the basis of interest at the greater of an annual effective rate of 4% or the rate or rates guaranteed on issuance of this contract and as otherwise required under Section 7702 of the Internal Revenue Code) for one dollar of death benefit.

Therefore, although the death benefit will be based on the death benefit option in effect at the time of death, the death benefit will never be less than an amount determined as outlined above. Generally, this means that the death benefit will never be less than the Accumulation Fund multiplied by the minimum death benefit factor from the table above.

General Provisions

The Contract	This policy includes any riders. The policy and riders, with the application attached at issue, and any application added after issue, make up the entire contract. All statements in the application will be representations and not warranties. No statement will be used to contest the policy unless it appears in the application.
Limitation on Representative's or Other Person's Authority	No representative or other person except our President, a Vice-President, or the Secretary may (a) make or change any contract of insurance; or (b) make any binding promises about policy benefits; or (c) change or waive any of the terms of this policy. Any change is valid only if made in writing and signed by our President, Vice-President, or Secretary.
Incontestability	We will not contest the validity of your policy after it has been in force during the insured's lifetime for 2 years from the date of policy. We will not contest the validity of any increase in the death benefit after such increase has been in force during the insured's lifetime for 2 years from its effective date.
Age and Sex	If the insured's age or sex on the Date of Policy is not correct as shown on page 3, we will adjust the benefits under this policy. If the insured dies before a correction is made, the adjusted benefits will be the amounts bought by the monthly deduction just before the date of death, based on the correct age and sex. Otherwise, we will recompute the accumulation fund by taking out the monthly cost of term insurance for the correct age and sex, based on the death benefit in effect just before we learned the correct age and sex.
Nonparticipation	This policy is not eligible for dividends; it does not participate in any distribution of our surplus.
Computation of Values	<p>The minimum accumulation fund and cash values are computed using interest at the rate of 4% a year. These values and the maximum term insurance rates shown on page 4 are based on the 2001 Commissioners Standard Ordinary Mortality (sex distinct) Table.</p> <p>For substandard policy classifications, these values and rates are based on a modified version of the 2001 CSO Mortality Table.</p> <p>We have filed a detailed statement of the method of computation with the insurance supervisory official of the state in which this policy is delivered. The values under this policy are equal to or greater than those required by the law of that state.</p>
Annual Report	<p>Each year we will send you a report showing the current death benefit, accumulation fund and cash value for this policy.</p> <p>It will also show the amount and type of credits to and deductions from the accumulation fund during the past policy year.</p> <p>The report will also include any other information required by state laws and regulations.</p>
Illustrations of Future Benefits	At any time, we will provide an illustration of the future benefits and values under your policy. You must ask in writing for this illustration and pay the service fee set by us.

Metropolitan Life Insurance Company

ENDORSEMENT

1. The following replaces the last paragraph of the **Cost of Term Insurance** provision:

The cost of term insurance for any policy month is equal to the amount of term insurance divided by 1000 and multiplied by the monthly term insurance rate. Monthly term rates will be set by us from time to time. They will be based on the insured's age and underwriting class. The rates will never be more than rates shown on page 4.

2. The following replaces the **Age and Sex** provision:

Age-- If the insured's age on the date of the policy is not correct as shown on page 3, we will adjust the benefits under this policy. If the insured dies before a correction is made, the adjusted benefits will be the amounts bought by the monthly deduction just before the date of death, based on the correct age. Otherwise, we will recompute the accumulation fund by taking out the monthly cost of term insurance for the correct age, based on the death benefit in effect just before we learned of the correct age.

3. The following replaces the first paragraph of the **Computation of Values** provision:

Computation of Values -- The minimum accumulation fund and cash values are computed using interest at the rate of 4% a year. These values and the maximum term insurance rates shown on page 4 are based on the 2001 Commissioner's Standard Ordinary Mortality Table (80% males, 20% females).

(continued on reverse side)

ENDORSEMENT (Continued)

4. The following replaces the tables for Option 3 and Option 4 under **Minimum Payments under Payment Plan:**

		Option 3. Single Life Income-- Guaranteed Payment Period Minimum Amount of each Monthly Payment for each \$1,000 Applied				Option 3A. Single Life Guaranteed Return Minimum Amount of each Monthly Payment for each \$1,000 Applied
		Guaranteed Payment Period				
Payee's Age	10 years	15 years	20 years			
50	\$4.12	\$4.08	\$4.02		\$3.97	
55	4.51	4.44	4.32		4.29	
60	5.02	4.87	4.65		4.70	
65	5.67	5.36	4.97		5.21	
70	6.46	5.88	5.24		5.85	
75	7.34	6.33	5.41		6.68	
80	8.21	6.64	5.48		7.75	
85 and over	8.92	6.80	5.51		9.12	

Option 4. Joint and Survivor Life Income-- Guaranteed Period of 10 years	
Age of Both Payees	Minimum Amount of each Monthly Payment for each \$1,000 Applied
50	\$3.64
55	3.93
60	4.30
65	4.80
70	5.47
75	6.33

On request, we will provide additional information about amounts of minimum payments.


 Gwenn L. Carr
 Vice-President and Secretary

<i>SERFF Tracking Number:</i>	<i>SKML-125625104</i>	<i>State:</i>	<i>Arkansas</i>
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Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number:	SKML-125625104	State:	Arkansas
Filing Company:	Metropolitan Life Insurance Company	State Tracking Number:	38801
Company Tracking Number:	EC1/EC2 2001 CSO		
TOI:	L09I Individual Life - Flexible Premium Adjustable Life	Sub-TOI:	L09I.001 Single Life
Product Name:	EC1/EC2		
Project Name/Number:	2001 CSO Revision/EC1/EC2 2001 CSO		

Supporting Document Schedules

Review Status:

Satisfied -Name:	Certification/Notice	04/27/2008
Comments:		
Attachment:		
AR CERT OF COMP reg 19.pdf		

Review Status:

Bypassed -Name:	Application	04/27/2008
Bypass Reason:	No policy is being filed with this submission. This filing is in response to the change in mortality basis.	
Comments:		

Review Status:

Bypassed -Name:	Outline of Coverage	04/27/2008
Bypass Reason:	This requirement does not apply to this submission.	
Comments:		

Review Status:

Satisfied -Name:	Authorization Letter	04/27/2008
Comments:		
Attachment:		
Met AUTHORIZ LTR.pdf		

CERTIFICATION OF COMPLIANCE

RE: Metropolitan Life Insurance Company

This is to certify that the form(s) referenced below is/are in compliance with the Unfair Sex Discrimination Rule pursuant to Regulation 19.

Form(s)

Form #97-9304 (2001CSO)

Form #97-9304.1 CVA (2001CSO)

Form #97-9311 (2001CSO)

Form #R.S. 1192 September 1993 (2001CSO)

Guaranteed Maximum COI Rates

Table of Minimum Death Benefit Factors

Revised Policy Page

Policy Endorsement



Signature

Karen A. Johnson, FLMI, AIRC, ACS - Vice President

Name & Title

3/17/08

Date



Metropolitan Life Insurance Company
501 Boylston Street
Boston, MA 02116

Karen A. Johnson
Assistant Vice President

February 21, 2008

RE: Form No. 97-93, Flexible Premium Adjustable Life Insurance Policy
Revised Policy Text Page and Schedule Pages – 2001 CSO
Form No. R.S. 1192, Endorsement Revised – 2001 CSO

Dear State Regulator:

On behalf of General American Life Insurance Company, I hereby authorize:

Sandra K. Meltzer & Associates, Inc.
1925 Century Boulevard, Suite 1
Atlanta, Georgia 30345

to carry out the filing of the above reference forms to reflect the use of the 2001 CSO Mortality Table in your state.

Sincerely,

A handwritten signature in black ink that reads "Karen Johnson". The signature is written in a cursive, flowing style.

Karen A. Johnson